

Application form
Practice-oriented Course Mental Health and Psychosocial Support in Post Conflict Areas

Dates

- General introduction and workshops :20-29th October, 2008
- Fieldwork : in the period of November 2008 – February 2009
- Reflection meetings : December 20th, January 24th and February 24th 2009

After receiving your application you will be notified as soon as possible if you have been selected to participate.

Personal details

Name	
Initials	
First name	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Address	
Postal code	
Residence	
Email address	
Phone number	
Education	<input type="checkbox"/> HBO (specify) <input type="checkbox"/> University (specify)

Company details

Organisation	
Address	
Postal code	
City	
Job title	

Course details

Workshop	<input type="checkbox"/> Option 1: Project Design & Implementation <input type="checkbox"/> Option 2: Psychosocial Training & Supervision
Fieldwork	<input type="checkbox"/> Yes <input type="checkbox"/> No

Invoice

Send invoice to	<input type="checkbox"/> Home address <input type="checkbox"/> Company address <input type="checkbox"/> Otherwise,
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Notes:

I declare that I have read the general conditions and I agree with them.

Date: Signature of applicant: